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UTILITY PATENT APPLICATION TRANSMITTAL

Attorney Docket N. 9168A

First Inventor or Application Identifier | James P. Stephan

Title | Air Return Grille

(Only for new nonprovisional applications under 37 C.F.R. § 1.53(b)) Express Mail Label No.

•	PPLICATION ELEMENTS apter 600 concerning utility patent application contents.	Assistant Commissioner for Patents (0) ADDRESS TO: Box Patent Application Washington, DC 20231		
2. X Sp (pn - D - S - R	ree Transmittal Form (e.g., PTO/SB/17) submit an original and a duplicate for fee processing) secification [Total Pages 15] seferred arrangement set forth below) sescriptive title of the Invention cross References to Related Applications statement Regarding Fed sponsored R & D Reference to Microfiche Appendix	6. Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) a. Computer Readable Copy b. Paper Copy (identical to computer copy) c. Statement verifying identity of above copies		
- Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3.				
copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein. 17. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment:				
ᅵ ᆸᅆ	ontinuation Divisional Continuation-in-part (Ci	P) of prior application No:/		
Prior ap	oplication Information: Examiner	Group / Art Unit:		
18. CORRESPONDENCE ADDRESS Customer Number or Ber Code Label (Insert Customer No. or Attach bar code label here) Correspondence address below				
Name	John M. Harrison			
Address	2139 E. Bert Kouns			
City	Shreveport State L	ouisiana Zip Code 71105		
Country		318/797-3062 Fax 318/797-3063		
		720,737 000L 1 p10,737-3003		
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See 37 C.F.R. §§ 1,27 and 1,28.

TOTAL AMOUNT OF PAYMENT

(\$) 475.00

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Filing Date						
First Named Inventor	James P. Stephan					
Examiner Name	•					
Group / Art Unit						
Attorney Docket No.	9168A					

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)						
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:	Larg	DDIT Entity	/ Sma		y	escription	Fee Paid
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Fee Required Under 37 C.F.R. § 1.18 at the Mailing of the Notice of Allowance	147	2,520	147	2,520	For filing a reques	t for reexamination	
2. X Payment Enclosed:	112	920*	112	920*	Requesting public Examiner action	ation of SIR prior to	
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	115	110	215	55	Extension for reply	y within first month	
FEE CALCULATION	118	400	218	200	Extension for reply	y within second monti	י
1. BASIC FILING FEE	117	950	217	475	Extension for reply	y within third month	
Large Entity Small Entity	118	1,510	218	755	Extension for repl	y within fourth month	
Fee Fee Fee Fee Pee Description Fee Paid Code (\$) Code (\$)	128	2,060	228	1,030	Extension for reply	y within fifth month	
101 790 201 395 Utility filing fee \$\\\ 385.00	119	310	219	155	Notice of Appeal		
106 330 206 165 Design filing fee	120	310	220	155	Filing a brief in su	pport of an appeal	
107 540 207 270 Plant filing fee	121	270	221	135	Request for oral h	earing	
108 790 208 395 Reissue filing fee	138	1,510	138	1,510	Petition to institute	a public use proceed	ing
114 150 214 75 Provisional filing fee	140	110	240	55	Petition to revive -	· unavoidable	
SUBTOTAL (1) (\$) 385.00	141	1.320	241	660	Petition to revive -	- unintentional	
2. EXTRA CLAIM FEES	•	1,320	242		Utility issue fee (o	r reissue)	
Extra Claims below Fee Paid	143	450		225	Design issue fee		
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Independent 3 - 3** = 0 x	122	130	122	130	Petitions to the Co	ommissioner	
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103 22 203 11 Claims in excess of 20	146	790	246	395	Filing a submissio (37 CFR 1.129(a))	n after final rejection	
102 82 202 41 Independent claims in excess of 3 104 270 204 135 Multiple dependent claim, if not paid	149	790	249	395	For each additions	al invention to be	
109 82 209 41 ** Reissue independent claims					examined (37 CFI	T. 1.148(D))	——
over original patent	Other fee (specify)						
110 22 210 11 ** Reissue claims in excess of 20 and over original patent	Other	fee (sp	ecify)				
SUBTOTAL (2) (\$) 90.00	SUBTOTAL (2) (\$) 90.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)						
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Typed or Printed Name John M. Harrison	1					Reg. Number	24,968
Signature the my barne				Dat	16/31/183	Deposit Account Us r ID	۷٦,300

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In Rether Application Of: James P. Stephan

Application Serial No: not yet assigned

Filed:

For: Air Return Grille (Utility Patent Appl. from Provisional)

Commissioner for Patents P.O. Box 1450 Alexandria, VA. 22313-1450

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